

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | NO. | DATE    |
|---------------------------|----------|-----|---------|
| FEE DETERMINATION         | JB       |     | 01/20   |
| O.I.P.E. CLASSIFIER       | JB       | 32  | 5/15/01 |
| FORMALITY REVIEW          | MTB      | 954 |         |
| RESPONSE FORMALITY REVIEW |          |     |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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